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97	CHEDULE A (FEC Form 3X)			F05		NII IN 45.		75	<u> </u>	4000.5		4074		
	·		Use separate schedule(s)		LINE k only	NUMBI one)	=H:	P	AGE	1803 C)F	4274		
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page) X	11a			110	с Г	12				
			Detailed Summary Fage		13	14		15		16		17		
	y information copied from such Reports and S for commercial purposes, other than using the											s		
	NAME OF COMMITTEE (In Full) EMILY's List													
Α.	Full Name (Last, First, Middle Initial) Dr. Craig S. Lingle					Date of Receipt 12 05 2015								
	Mailing Address 1340 Spring Glade Rd													
	City	State	Zip Code		Transaction ID: 4462950									
	Fairbanks	AK	99709	Aı	mount	of Eac	h Re	ceip	t this	Period	ł			
	FEC ID number of contributing federal political committee.	С			50.00						0.00			
	Name of Employer	Occupation	1	DonnaEdwards Contributions										
	Not-Employed	Research F	Professor Emeritus											
	Receipt For:	Aggregate	[M	[MEMO ITEM]										
	Primary General		ME	MEMO										
	Other (specify)		Ш											
— В.	Full Name (Last, First, Middle Initial) Ms. Debra K. Decker	D	ate of	Receip	†									
	Mailing Address 3301 Drexel Dr.						■ D	/	Υ	Y	Y			
							30			2015				
	City	State	Zip Code		Transa	action I	D : 4	4741	08					
	Dallas	TX	75205	Aı	mount	of Eac	h Re	eceip	t this	Period	ł			
	FEC ID number of contributing	C								50	0.00	П.		
	federal political committee.				DonnaEdwards Contributions									
	Name of Employer	Occupation	1	— Do	nnaEd	wards (Contr	ibuti	วทร					
	Self-Employed	Research/C	Consultant											
	Receipt For:	Aggregate	[M]	[MEMO ITEM]										
Primary General Other (specify) ▼			ME	MEMO										
	Other (speerly)		4											
С .	Full Name (Last, First, Middle Initial) Ms. Elizabeth H. Eisen					Receip	t							
	Mailing Address 875 West End Avenue Apt. 14b					12 07 2015 _								
	City	Zip Code 10025		Trans	action l	D : 4	1464	095						
	New York	NY	Aı	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				-				200	0.00			
	Name of Employer	e of Employer Occupation						ributi	ons					
	Not-Employed	Retired												
	Receipt For:	Aggregate	Year-to-Date ▼	[M	IEMO	ITEM]								
	Primary General			MEMO										
	Other (specify) ▼		9 - 9											

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00